

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTOR	DATE
B10 FOUNDATION FORMS	INSPECTOR DATE
E60/B11 UFER GROUND	DA 7/13/02
B12 CONCRETE SLAB FORMS	DA 7/13/02
P40 PLUMB UNDERFLOOR/SLAB	DA 7/13/02
M30 MECH/UNDERFLOOR/SLAB	
E61 ELECT UNDERGROUND	
E62 ELECT CONDUIT SLAB	
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED	
B13 FLOOR JOISTS OR GIRDERS	
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED	
B14/15 INSULATION/WALL/FLOOR	
P41 TOP PLUMBING	
M31 TOP MECHANICAL/WALL/CEIL	
E63 ROUGH ELECTRICAL/WALL/CEIL	
B19 FRAME	
B17 ROOF PLYWOOD NAIL COMM. & APP	
B18 EXTERIOR LATH/SIDING	
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED	
B22 INT. LATH OR WALL BD. NAILING	
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED	
E66 SERVICE UNDERGRD CONDUIT	
P43 SEWER SERVICE	
P42 WATER SERVICE	
P46 SPRINKLER SYSTEM	
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED	
P47/M33 GAS TEST	
P48 TEMP GAS	
E68 POWER POLE	
E67 TEMP POWER #	
SWIMMING POOLS ONLY	
P47 GAS TEST	
P51 PLUMBING PRE-GUNITE	
P52 PLUMBING PRE-DECK	
E70 ELECTRICAL PRE-GUNITE	
E71 ELECTRICAL PRE-DECK	
E72 ELECTRICAL UNDERGRD	
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED	
FINAL APPROVALS	
B29 BUILDING	
E79 ELECTRICAL	
P59 PLUMBING	
M39 MECHANICAL	
F94 FIRE	
S92 SITE	

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED
THIS CARD TO BE POSTED ON JOB AT ALL

BUILDING SITE ADDRESS
2279 ANTON 20079 ANTON SUITE
wy

ASSESSOR PARCEL NO. 225-1150-013

NAME OF APPLICANT

ADDRESS

COMMUNITY PLAN NO.

PHONE NO.

LICENSED CONTRACTOR
JUNNICE T

LOT 3 PARKWAY A1

ARCH. ENGR.

PLAZA 3

NO. OF STORIES

NO. OF ROOMS

ROOF COVERING

AREA 1ST FLOOR

TOTAL AREA

GARAGE AREA

PATIO AREA

USE ZONE

STREET

THIS PERMIT IS FOR:

BUILDING

MECHANICAL

PLUMBING

ELECTRICAL

SITE

FIRE

NATURE OF WORK IN DETAIL

MP 604 NSF-12

FLOOD STATUS

SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION 264-5191

WORKERS COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 4700 of the Labor Code for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance as required by Section 4700 of the Labor Code for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier: _____
Policy Number: _____

(This section need not be completed if the permit is for one hundred dollars or less.) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California and agree that if I should become subject to the worker's compensation provisions of Section 4700 of the Labor Code, I shall continue to comply with those provisions.

Date: _____ Applicant: _____ (Signature)

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS A FELONY AND SHALL SUBJECT AN APPLICANT TO CRIMINAL PENALTIES AND CIVIL PENALTIES TO OBTAIN THE NECESSARY PERMITS AS PROVIDED FOR IN SECTION 4700 OF THE LABOR CODE. INTEREST AND ATTORNEY FEES.

VALUATION	\$ 206,858
ISSUED BY:	6/1/00
DATE ISSUED	6/1/00
BUILDING PERMIT FEE	\$
PLAN CHECK/PROC. FEE	\$
S.M.I.F.F.E.	\$
CONST. EXCISE TAX	\$
CITY BUS	\$
LICENSE	\$
TECH. FEE	\$
WATER DEV. FEE	\$
CITY SEWER DEV. FEE	\$
REG. SEWER FEE	\$
RESIDENTIAL CONST. TAX	\$
TOTAL FEES	\$

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

WINDHURST WILLIAMS
LOT # 3 2279 Anten Wy

Date of Job Completion 12-1-00

PLASTERING CONTRACTOR:

Name: STUCCO WORKS INC.
Address: 5900 WAREHOUSE WAY, SACRAMENTO, CALIFORNIA 95826
Telephone No: (916) 383-6699
Contractor Number of Diamond Wall System 2175

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

8-23-00
Date

[Signature]
Signature of authorized representative of
Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.

CERTIFICATION OF INSULATION

PART I GENERAL

WINNCREST

LOT # 003

2279 Anton Wy
WILLOWS

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED
12/20/00

PART II AREAS INSULATED

WALLS		CEILINGS			FLOORS	
SQUARE FEET		SQUARE FEET			SQUARE FEET	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL FIBERGLASS		MATERIAL FIBERGLASS			MATERIAL FIBERGLASS	
FORM BATTS		FORM BATTS & BLOW			FORM BATTS	
MANUFACTURER'S PRODUCT I D		MANUFACTURER'S PRODUCT I D			MANUFACTURER'S PRODUCT I D	
MANUFACTURER		MANUFACTURER			MANUFACTURER	
OCF		OCF			OCF	
R - VALUE INSTALLED		APPLIED THICKNESS		R - VALUE INSTALLED		APPLIED THICKNESS
13		3 5/16"		38		12 1/4"
				38		14 3/4"

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL	FORM	R VALUE	MANUFACTURER
FIBERGLASS		BATTS	OCF

AIR INFILTRATION SEALANT

MATERIAL	MANUFACTURER
FOAM	W R GRACE

TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, STANDARDS AND REGULATIONS

SIGNATURE - INSULATION CONTRACTOR <i>Bill Hurlburt</i>	TITLE MANAGER	DATE 11-15-00
SIGNATURE - GENERAL CONTRACTOR	TITLE	DATE

REMARKS